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ABSTRACT

The issue of the delivery of mental health services to Hispanic Americans is discussed in this report to the President's Commission on Mental Health. Hispanics, who will be the largest minority group in the United States within the next 25 years, do not make use of sufficient existing health services. They have a need for alternative services which are adapted to their cultural heritage. Urban Hispanics are a high risk population with respect to mental illness, alcoholism, and drug abuse. Rural Hispanics and migrant workers have problems stemming from their isolation, their mobility, and the reluctance of traditional agencies to provide them with services. In addition to being served inadequately as patients, Hispanics are also underrepresented as professional workers in the mental health field. This condition persists despite the affirmative action efforts of recent years. In order to develop the human resources necessary for the delivery of culturally relevant mental health services to Hispanic Americans, 24 recommendations are suggested. The increased participation of Hispanic peoples in the shaping of their own destiny should be the single most important element of any national policy designed to improve their physical and mental health status. (RLV)

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Summary:

REPORT TO PRESIDENT'S COMMISSION ON MENTAL HEALTH FROM THE SPECIAL POPULATIONS SUBTASK PANEL

MENTAL HEALTH OF HISPANIC AMERICANS

RECOMMENDATIONS TO THE COMMISSION

Prepared by Carmen Carrillo, Ph.D., Director, Mission Mental Health Center

I. Issue: Delivery of Mental Health Services to Hispanic Americans

Hispanics who are most different from the surrounding majority culture constitute a high risk population. A significant and rapidly growing segment of American society, Hispanics, will be the largest minority group within the next 25 years. They are less likely to use existing services and have a greater need for alternative services more adapted to their specific cultural heritage. Urban Hispanics are at high risk with respect to mental illness, alcoholism, and drug abuse. Rural Hispanics and migrant workers, primarily of Mexican origin, also have unique problems stemming from their isolation, mobility, and the reluctance of traditional agencies to provide them with services (Duran, 1975). Hispanics are a heterogenous population, composed of subgroups which vary widely in terms of national origin, race, demographic dimensions, and cultural/linguistic characteristics; consequently, their mental health needs are also diverse. For a variety of historical reasons, including a constant influx from ancestral lands, Hispanics have maintained their language, cultural heritage, and ethnic identity. Recognition of this reality is an essential prerequisite in the planning and implementation of any effective national mental health policy to deliver services, conduct research, and develop prevention strategies. Perhaps as a result of the struggle to maintain a culture, Hispanics as a group have not "assimilated" into the mainstream American socio-political structure; consequently, they have been systematically denied their equitable share of the nation's resources and opportunities, including the right to adequate health and mental health care. The increased participation of Hispanic peoples in the shaping of their own destiny will be the single most important element of a future national policy designed to improve their health and mental health status.

Although statistics are far from abundant and accurate, there is general agreement that Hispanics underutilize mental health services which are presented in a culturally alien context (Padilla, Ruiz, and Alvarez, 1975). If we accept the concept of right to treatment within one's cultural framework, it follows that Hispanics must participate in every aspect of the delivery of services to members of their ethnic group.

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Yet the most recent information concerning Hispanic representation in the core mental health disciplines indicates that in 1971, the American Psychiatric Association included only 104 Spanish-surnamed members (3.4% of the total APA membership). Of these, however, only 85 (.54% of total membership) were United States residents. In 1973, there were a total of 115 Hispanic psychologists in the United States (.5% of the known total of 22,501). No specific data exists regarding Hispanic representation in psychiatric nursing. During the period 1969-1974, there were a total of 42,484 graduates from accredited MSW programs. Of these, 1,681 (4%) were of Hispanic origin.

The alarming underrepresentation documented above persists even after the so-called "affirmative action" efforts of recent years. In order to develop the human resources necessary for the delivery of culturally relevant mental health services to Hispanic Americans, the panel recommends that:

1. The Department of HEW develop a comprehensive program to monitor and increase the available pool of Hispanic professionals and paraprofessionals engaged in the delivery of mental health services to Hispanic Americans. Such programs should (a) conduct personnel supply - demand analysis specific to the Hispanic population; (b) provide resources to bring Hispanic representation among mental health personnel to parity with Hispanic representation in the U.S. population; and (c) vigorously enforce Title VI of the 1964 Civil Rights Act as applicable to all health and mental health service delivery institutions and universities that receive federal funds.

2. Local, state, and federal agencies, in collaboration with institutions of higher education and professional organizations, develop and implement mental health programs that provide learning environments and curricula congruent with the Hispanic culture(s) and the mental health needs of Hispanic Americans. Furthermore, these programs should seek to emulate and expand successful models already in existence.

3. Culture-specific models of service delivery be developed and implemented which integrate the traditional values and support systems of Hispanic Americans with conventional treatment modalities such as those provided by psychiatrists and psychologists. Implicit in this recommendation is the assumption that such models will differ as a function of the particular socio-cultural backgrounds of individual Hispanics.

4. Human services be delivered to Hispanic Americans in the context of accessible multiservice centers providing

acceptable health, mental health, social welfare, educational, economic, and legal services entered around the concept of the Hispanic family.

5. Federal, state, and local mental health programs be flexible to allow and encourage the implementation of innovative models of service delivery uniquely tailored to the needs of Hispanic populations in different catchment areas. The guidelines for these programs should allow for Hispanic administrative units, advisors, advisory groups, and/or mobile teams of Hispanic health professionals.

6. Comprehensive investigations be conducted to assess the quality and quantity of services provided to Hispanic Americans by the Veterans Administration, the Social Security Administration, the Department of Labor, and the Administration for Children, Youth, and Families. It is further recommended that, on the basis of the consequent findings, these agencies be mandated to provide services to Hispanic Americans that are of the same quality and quantity as those provided to the general United States population.

Other recommendations:

a) The specific needs of the Hispanic community be recognized and expressed in the drafting of any state or federal legislation regarding accreditation.

b) A board separate from the HSA's Board, composed of Hispanics, review and monitor hospitals and other health facilities to assure compliance with DHEW regulations as they affect Hispanics.

c) That this board accredit facilities and possess other powers given to DHEW review bodies presently enforcing health services delivery regulations.

d) That grant awards earmarked for HSAs have specific conditions placed on them by DHEW - HRA whereby the spending and distribution of HSA monies would address the health problems and needs of disadvantaged Hispanics in the migrant stream and rural and urban areas.

e) That present DHEW monitoring boards or teams would review health care facilities for compliance with federal regulations include Hispanic health services consumers and providers as board members.

f) Mental health services be included under NHI.

g) All legitimate services provided under proper supervision (including services provided by non-conventional therapists) be reimbursable under NHI.

h) Treatment for diagnostic categories such as environmental stress and adjustment reactions be classified as reimbursable under NHI.

i) The provision of high quality mental health services be made an integral part of HMOs' structure and function.

j) The role of psychologists and social workers be substantially increased.

k) Mechanisms be developed to insure that services are provided regardless of ability to pay.

7. DHEW and other federal agencies that fund mental health research programs be mandated to establish funding criteria for Hispanic research which are commensurate with the magnitude of this population and its needs. It is further recommended that each agency establish an adequately funded and identifiable administrative unit specifically charged with the responsibility for coordinating Hispanic mental health research activities. Specifically, it is recommended that Hispanic centers, with Hispanic IRG's and Hispanic Executive Secretaries, be established within NINH, NIDA, and NIAAA.

8. DHEW mental health research funding agencies expand research opportunities for Hispanic researchers through the establishment of research centers and consortia located in academic centers, as well as service settings.

9. Each federal agency that collects statistics on the nation's population be mandated to implement PL94-311, which provides for the breakdown of population subgroups according to ethnicity.

10. a) Hispanic representation be substantially increased within data-gathering agencies such as the National Center for Health Statistics (HIRA), the Division of Biometry, Epidemiology (NIMH), and the U.S. Bureau of Census.

b) A national Comprehensive Data System (CDS) on Hispanic health and mental health be established.

c) CDS be formally linked to Hispanic mental health research centers and the National Coalition of Hispanic Mental Health and Human Services Organizations.

11. Diagnostic and assessment studies with an emphasis on significant socio-cultural variables influencing normative behavior be conducted. Primary attention should be given to the appropriateness of the pathological behavior classification systems and to the instruments used to assess intelligence, achievement, and normality.

12. Epidemiological studies of the incidence and prevalence of mental health-related problems among Hispanics be initiated at a local, state, regional, and national levels. This recommendation presupposes that such studies will be conducted on the basis of valid assessment instruments and diagnostic classification procedures and that such studies will acknowledge and address variability among the various Hispanic subgroups.

13. Programmatic research be conducted on the nature of variability among and within the major Hispanic groups within the United States. This research should focus on differences in acculturation, language use, and geographic location and their differential impact on the mental health of Hispanic Americans.

14. Programmatic research be conducted on the predominant and differential utility of existing therapeutic modalities, including indigenous therapies and faith healing. Furthermore, it is recommended that new approaches be developed which are demonstrably effective for special subpopulations such as Hispanic women, children, and elderly.

15. Basic and applied research on Spanish/English bilingualism be conducted to increase the scientific understanding of the process as well as its implications for the diagnosis, treatment, and prevention of mental illness among Hispanic Americans.

16. Hispanic cultural development centers (centros culturales) be established at appropriate locations throughout the nation for the specific purpose of preserving the cultures and traditions of Hispanic Americans. Such cultural centers should develop traditionally significant programs aimed at involving the entire community in the development of, and participation in, the celebration of Hispanic culture events.

17. A comprehensive effort, national in scope, be undertaken to

educate Hispanics as well as other ethnic groups (including the majority group) concerning the positive aspects of the Hispanic culture (language, traditions, and values). This effort should be operationalized at a multi-dimensional level, involving the educational system, the media, and collaborative arrangements with Mexico, Puerto Rico, and other Latin American countries.

18. Hispanic mental health education programs receive top priority among pertinent local, state and federal agencies. Such programs should be bilingual/bicultural in nature and planned and implemented by Hispanic Americans to ensure their relevance and sensitivity to the Hispanic culture(s).

19. The particular socio-cultural stresses faced by Hispanic women be researched, and the consequent findings be used to develop and implement counseling programs and other interventions designed to prevent emotional disorders in this subpopulation.

20. Programs designed to provide human services to Hispanic Americans provide for closer liaison with mental health service delivery systems and personnel. Umbrella-type organizations such as the Centro Concilio and Centros Familiares should provide the models for such programs.

21. Mental health services be made available to Hispanic Americans within the context of primary health care programs. This recommendation assumes the availability of Hispanic mental health personnel at locations where primary health care is delivered, such as hospitals and barrio clinics.

22. Resettlement programs, either separate or as part of existing services, be funded by the Immigration Department, as well as by the appropriate city and state governments, to guide and introduce Hispanics to the Anglo culture. These programs should focus on educating immigrants about the expectations of the America culture, and provide economical, social, and political information.

23. Aftercare programs for Hispanic patients be developed and implemented within the context of comprehensive human services that coordinate community resources, to provide cultural support throughout the rehabilitation period.